

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/566633

CLAIMS

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

IND.

DEP.

IND.

DEP.

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TOTAL IND. 1



TOTAL DEP. 17



TOTAL CLAIMS 18



	AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
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TOTAL IND. 1



TOTAL DEP. 17



TOTAL CLAIMS 18



BEST AVAILABLE COPY

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